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House of Representatives

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July 8, 2003

The Honorable Tommy G. Thompson
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

I am writing to urge you to revise the performance measures used by the Department of Health and Human Services (HHS) to measure the success of abstinence-only education programs. The measures chosen by the Department appear designed to make abstinence-only programs look good — not to measure their actual effectiveness in preventing teen pregnancies or sexually transmitted diseases. These inadequate standards apply to tens of millions of dollars in federal funding, including $15 million in grants announced last week.

The accepted purpose of abstinence-only programs is to delay sexual activity among teens, so as to prevent them from becoming pregnant or infected with sexually transmitted diseases. Legitimate performance measures of the effectiveness of these programs would therefore assess whether teens who receive abstinence-only education programs actually have sex, become pregnant, or contract sexually transmitted diseases. The Department originally had such measures for its abstinence-only programs but altered them in late 2001. The measures HHS has now selected assess none of these real-world outcomes. Instead, they focus on how many teens complete the program and what they say about their attitudes toward sex.

As I have written you on several occasions, HHS has repeatedly subverted science to further far right political agendas. For example, the Department has stacked advisory panels with political ideologues[1] and has removed scientifically accurate information about condoms and the

[1]Letter from Rep. Henry A. Waxman et al. to Secretary of Health and Human Services Tommy G. Thompson (Oct. 21, 2002).

health risks of abortion from its web sites.[2] The performance measures for abstinence-only programs represent a new development in the politicization of science: the manipulation of evaluation criteria to make programs favored by the right wing appear to be based on scientific evidence, when they are not.

A decade ago, Congress passed the Government Performance and Results Act with overwhelming bipartisan support. The law requires agencies to establish "objective, quantifiable, and measurable" indicators to assess whether government programs are working. The measures selected by HHS are supposed to comply with this law, but they will not provide the information it requires.

I urge you to provide for more effective oversight of abstinence-only education programs. Otherwise, the federal government may waste hundreds of millions of dollars on ideologically driven programs that do not work. The rest of the letter describes these concerns in more detail.

The Rise of Abstinence-Only Education

Teen pregnancy in the United States is a major public health issue. In 1997, the teen pregnancy rate was 94.3 per 1,000 teens (age 15 to 19),[3] approximately 78% of which are unplanned.[4] While the rate of teen pregnancy decreased over the 1990s, it is still almost twice that of any other industrialized nation.[5] The incidence of sexually transmitted diseases among teens is also a major public health issue. The latest estimates indicate that there are 15 million new cases of sexually transmitted diseases in the United States each year, approximately one-quarter of which are in teenagers.[6] For women, the highest age-specific reported rates of both

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[2]Letter from Rep. Henry A. Waxman et al. to Secretary of Health and Human Services Tommy G. Thompson (Dec. 18, 2002).

[3]S. Ventura et al., *Trends in Pregnancy Rates for the United States, 1976–97: An Update. National Center for Health Statistics*, Vital Health Statistics 49(4) (2000) (online at www.cdc.gov/nchs/releases/01news/trendpreg.htm).

[4]S. Henshaw, *Unintended Pregnancy in the United States*, Family Planning Perspectives, 26–7 (1998).

[5]National Campaign to Prevent Teen Pregnancy (analysis of S. Singh and J. Darroch), *Adolescent Pregnancy and Childbearing Levels and Trends in Developed Countries*, Family Planning Perspectives, 14–23 (2000).

[6]W. Cates et al, *Estimates of the Incidence and Prevalence of Sexually Transmitted Diseases in the United States*, Sexually Transmitted Disease, 26(S2) (1999).

gonorrhea and chlamydia in 1999 occurred among 15- to 19-year-olds.[7] One study placed the prevalence of chlamydia in teens at 5% of men and 5% to 10% of women.[8]

To reduce teen pregnancies and sexually transmitted diseases, it is essential that the federal government fund a wide array of public health and education activities and monitor their effectiveness. Since the 1996 welfare reform bill, Congress has directed increasing amounts of this funding to abstinence-only education. The welfare reform bill authorized funding to states to provide abstinence-only education programs that meet eight criteria. These criteria require that each initiative:

(1) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
(2) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
(3) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
(4) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
(5) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
(6) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
(7) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
(8) teaches the importance of attaining self-sufficiency before engaging in sexual activity.[9]

Congress has since appropriated $50 million per year to states for these abstinence-only efforts. In addition to funding for states, Congress has instructed HHS to support community-based abstinence programs directly. One major avenue for this funding is the Special Projects of Regional and National Significance (SPRANS) program within title V of the Social Security Act. Over the last three years, SPRANS has supported over $100 million in abstinence-only education

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[7]U. S. Department of Health and Human Services, *Sexually Transmitted Disease Surveillance*, 8 and 16 (1999).

[8]K. Mertz et al., *A Pilot Study of the Prevalence of Chlamydial Infection in a National Household Survey*, Sexually Transmitted Disease, 225–228 (1998).

[9]42 U.S.C. § 710.

programs, which are required to promote all eight points of abstinence-only education as defined in the 1996 welfare reform bill.[10] Most recently, $15 million in abstinence-only grants were announced by HHS on July 2, 2003.[11] The President has requested $73,044,000 for fiscal year 2004,[12] an amount passed by the Senate Appropriations Committee.[13] The House Appropriations Committee has approved $65 million in funding.

Despite the rise in abstinence-only education programs, there is little data demonstrating their effectiveness. In fact, no abstinence-only education program has ever been shown to have a sustainable effect on teen pregnancy, sexual activity, or sexually transmitted disease. According to a recent literature review by the National Campaign to Prevent Teen Pregnancy, abstinence-only programs have not been found to have "any overall effects on sexual behavior." The review also found that "there do not currently exist any abstinence-only programs with reasonably strong evidence that they actually delay the initiation of sex or reduce its frequency."[14]

Planned Performance Measures for Abstinence-Only Education

Initial SPRANS performance measures for abstinence-only education were published by HHS in November 2000. These measures were:

- Proportion of program participants who successfully complete or remain enrolled in an abstinence-only education program.

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[10]U.S. Department of Health and Human Services, *Preventing Teenage Pregnancy* (June 10, 2002) (fact sheet; online at http://www.hhs.gov/news/press/2002pres/teenpreg.html). Congress also appropriated $54,642,000 in fiscal year 2003.

[11]U.S. Department of Health and Human Services, *HHS Awards New Grants to Support Abstinence Education Among Nation's Teens* (July 2, 2003) (online at http://http://www.hhs.gov/news/press/2003pres/20030702.html).

[12]Office of Management and Budget, *The Budget for Fiscal Year 2004: Department of Health and Human Services*, 403 (2003).

[13]Senate Report 108-81 at 67.

[14]D. Kirby, National Campaign to Prevent Teen Pregnancy, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, 83–95 (2001). The review also found that abstinence-plus curricula (which include discussions of abstinence and contraception) did not hasten the onset of sexual intercourse or the number of sexual partners. In fact, some of these abstinence-plus programs delayed the onset of sexual activity and also resulted in greater use of potentially life-saving condoms and other contraceptives.

- Proportion of program participants who have engaged in sexual intercourse.
- Proportion of program participants who report a reduction in risk behaviors, such as tobacco, alcohol, and drug use.
- The rate of births to female program participants.[15]

However, these performance measures were altered by the Department in late 2001. According to a Project Officer for the Maternal and Child Health Bureau:

> After we had published the guidance, the administration reviewed it and decided there were going to be some changes made to it. It was changed from four performance measures that were — when we looked at them, some of them were very difficult to achieve and measure as well. So we revised them and changed them into six.[16]

HHS told applicants that six new measures would be used to evaluate the success of abstinence-only education programs funded through SPRANS. These new performance measures consisted of:

- Proportion of program participants who successfully complete or remain enrolled in an abstinence-only education program.
- Proportion of adolescents who understand that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy and sexually transmitted disease.
- Proportion of adolescents who indicate understanding of the social, psychological, and health gains to be realized by abstaining from premarital sexual activity.
- Proportion of participants who report they have refusal or assertiveness skills necessary to resist sexual urges and advances.
- Proportion of youth who commit to abstain from sexual activity until marriage.

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[15]*Maternal and Child Health Federal Set-Aside Program; Special Projects of Regional and National Significance; Community-Based Abstinence Education Grants*, Federal Register 65(223), 69562–65 (Nov. 17, 2000).

[16]Presentation by Donna Hutton, Project Officer, Maternal and Child Health Bureau, *Program Update and Open Discussion*, Onward and Upward! SPRANS Community-Based Abstinence Education Grantee Meeting (Nov. 18–19, 2002) (online at http://128.248.232.90/archives/mchb/abstinence2002/text/session12c.htm).

- Proportion of participants who intend to avoid situations and risk, such as drug use and alcohol consumption, which make them more vulnerable to sexual advances and urges.[17]

Notably, the new measures only address the attitudes of teens at the close of the program. No reports or assessments of actual behavior (such as sexual activity rates), health outcomes (such as pregnancy rates or sexually transmitted disease rates), or participant satisfaction with the program are included in the six current SPRANS performance measures. Additionally, no minimum length of followup is specified.

Failure to Meet Accepted Scientific Standards

Because of these omissions, the current HHS performance measures fail to meet accepted standards for the assessment of public health programs. As one recent review of the scientific literature noted:

> [A] public health intervention should include more than simply biologic and use measures. Two other types of outcomes merit inclusion. First, behavioral outcomes should be assessed for participants (e.g., smoking cessation, eating patterns, physical activity). . . . Second, a participant-centered quality-of-life perspective should be included to allow evaluation of patient functioning, mental health, and consumer satisfaction, since these factors provide a critical check on the impact of delivery practices.[18]

In particular, the performance measures fail to meet specific standards set for programs to reduce risky sexual behavior among teens. According to a major HHS-funded report, two "hallmarks of good evaluation" in programs designed to reduce teen pregnancy rates are "Measure behaviors, not just attitudes and beliefs" and "Conduct long-term follow-up (of at least one year)."[19] Yet neither of these two important criteria is incorporated in the HHS performance measures.

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[17]U.S. Department of Health and Human Services, *SPRANS Community-Based Abstinence Education Program, Pre-Application Workshop* (Dec. 2002) (online at http://www.mchb.hrsa.gov/programs/adolescents/abedguidetext.htm).

[18]R. Glasgow et al., *Evaluating the Public Health Impact of Health Promotion Interventions: The RE-AIM Framework*, American Journal of Public Health, 1322–7 (1999).

[19]National Campaign to Prevent Teen Pregnancy, *Get Organized: A Guide to Preventing Teen Pregnancy*, 135 (Sept. 1999) (online at http://www.teenpregnancy.org/resources/reading/getorgan.asp).

Without improvement, the planned performance measures will provide a misleading assessment of the success of abstinence-only education. In 2001, the National Campaign to Prevent Teen Pregnancies released *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, which reviewed the literature on sexual education interventions. The authors concluded that "adolescents' sexual beliefs, attitudes, and even intentions are only moderately (not highly) related to their actual behavior, which makes them weak proxies for actual behaviors."[20]

If it were difficult to measure the sexual behavior of teens, using knowledge and intentions as the sole performance measures might be understandable. However, at least 28 published studies have tracked teen sexual behavior over at least a 12-month period.[21] These studies successfully used such outcomes as initiation of sexual activity, number of sexual partners, and the use of contraception. In addition, the Title V block grant program has required for several years that states track meaningful outcome measures to monitor the progress of state-wide sex education efforts, whether these are abstinence-only or not. These performance standards include the rate of teens giving birth, the incidence of sexually transmitted diseases, and the use of state family planning programs by teens.[22] Some of the abstinence-only programs funded by states are being evaluated by Mathematica Policy Research, Inc. By contrast, those initiatives that are directly funded by HHS through the SPRANS program now entirely escape having to track any real outcomes.

The Government Performance and Results Act of 1993

HHS developed the SPRANS abstinence-only performance measures to comply with the Government Performance and Results Act (GPRA). This legislation requires that for each activity, an agency must "establish performance goals to define the level of performance to be achieved," must "express such goals in an objective, quantifiable, and measurable form," and must "establish performance indicators to be used in measuring or assessing the relevant outputs, service levels, and outcomes of each program activity."[23]

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[20]D. Kirby, *supra* note 14, at 78 (emphasis in original).

[21]*Id.*

[22]Maternal and Child Health Bureau, *Title V Information System* (online at http://www.mchdata.net/index.asp).

[23]Government Performance and Results Act of 1993, Pub. L. No. 103-62, 107 Stat. 285 (codified as amended in scattered sections of 5, 31, and 39 U.S.C.).

Congress's intent in passing this legislation was for agencies to develop meaningful performance measures to evaluate programs. As then–House Majority leader Dick Armey said at a Government Reform Committee Hearing on February 12, 1997:

> [The Government Performance and Results Act] is the ultimate common sense tool to help us ask whether our taxpayer-funded programs are working . . . If an education program was created to ensure that every third grader can read, improving literacy rate should be one measure of the program's effectiveness. The Results Act can be such a common sense approach to help Congress and the executive branch review our existing Federal Government with a focus on achieving the best results for the money we are contributing.[24]

The performance measures selected by HHS do not meet these standards. HHS sets its abstinence-related goal as: "Increase the number of adolescents who are making positive choices to remain sexually abstinent until marriage." This goal is based upon a number of *Healthy People 2010* objectives, including:

- Reduce pregnancies among adolescent females.
- Increase the proportion of adolescents who have never engaged in sexual intercourse before 15 years.
- Increase the proportion of adolescents who have never engaged in sexual intercourse.
- Reduce the proportion of adolescents and young adults with chlamydia trachomatis infections.
- Reduce gonorrhea.
- Eliminate sustained domestic transmission of primary and secondary syphilis.[25]

Valid performance measures under GPRA would match these stated goals and objectives or would include intermediate measures proven to be predictive of these goals and objectives. They would be outcome- and performance-based, not jerry-rigged to ensure the success of the programs.

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[24]House Committee on Government Reform, *The Government Performance and Results Act: Sensible Government for the Next Century,* 105th Cong., 34–35 (Feb. 12, 1997).

[25]Maternal and Child Health Bureau, *2002 Set of Performance Measure Detail Sheet Revisions* (July 15, 2002).

Conclusion

HHS has increasingly twisted or subverted science to further right-wing political agendas. Over the past two years, ideological viewpoints, rather than scientific credentials, have become a means of selecting individuals to serve on scientific advisory boards. Advisory committees that reach conclusions different from the opinions of the administration are shut down. HHS online fact sheets are altered in a manner inconsistent with established science. Financial audits appear to be targeted against organizations that provide comprehensive sexual education programs rather than the administration's preferred abstinence-only approach.[26]

This philosophy of "politically correct" science should not be extended to measuring the performance of federally funded programs. Given the serious public health problems of teen pregnancy and sexually transmitted disease, it is essential for the federal government to support programs that work, and it is inappropriate to avoid setting standards because they are "difficult to achieve." Accordingly, I ask that the criteria for evaluating SPRANS abstinence-only education programs be expanded to include the following:

- Proportion of adolescents who engage in sex.
- Proportion of adolescents who become pregnant or impregnate someone else.
- Proportion of adolescents who develop chlamydia or gonorrhea infections.
- Use of birth control at last time of sexual intercourse (if sexually active).
- Satisfaction of participants with the program.

All performance measures, where possible, should be calculated at the initiation of the program, the conclusion of the program and one year afterwards.

I request a reply to this letter by July 22, 2003.

Sincerely,

Henry A. Waxman
Ranking Minority Member

[26]Letter from Rep. Henry A. Waxman et al., *supra* note 1.